

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016318

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED MAY 10 1962

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Spencer

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

5 miles east Vandalia

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Audrain

c. CITY OR TOWN Vandalia

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

313 S. Oak

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

David

Middle

Last

Davis

4. DATE OF DEATH

Month

Day

Year

April 29, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-13-29

## 9. AGE (last birthday)

33

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance Man

## 10b. KIND OF BUSINESS OR INDUSTRY

Bobby Brooks Garment Co.

## 11. BIRTHPLACE (City and state or country)

Vandalia, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

John Robert Davis

## 13b. MOTHER'S MAIDEN NAME

Byona Margaret Salmons

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes ☒ No ☐ Unknown ☐

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

John R. Davis, Vandalia, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Basal Skull Fracture

## INTERVAL BETWEEN ONSET AND DEATH

?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Core subject was driving overenthusiast and

## 20c. TIME OF INJURY

Hour a.m. Month, Day, Year

4

ap 29-62

drove him 200 feet.

## 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

Hwy 54

33 Mi. W. Cornsfield Pike

## 20f. CITY, TOWN, OR LOCATION

Vandalia, Mo.

## COUNTY

Audrain

## STATE

Missouri

## 21. I attended the deceased from

Death occurred at

4 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

J. O. Hurd

## (Degree or title)

Coroner

## 22b. ADDRESS

Bowling Green, Mo.

## 22c. DATE SIGNED

May 1-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

5-1-62

## 23c. NAME OF CEMETERY OR CREMATORY

Vandalia Cemetery

## 23d. LOCATION (City, town, or county)

Vandalia, Missouri

## 24. FUNERAL DIRECTOR

William B. [REDACTED]

## ADDRESS

Vandalia, Mo.

## 25. DATE RECD. BY LOCAL REG.

May 1-1962

## 26. REGISTRAR'S SIGNATURE

Maidee E. Williams

MAY 15 1962

MAY 11 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William B. Inter

Licensed Embalmer No. 4169  
P. O. Address Vandalia, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.